

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

Servando López Muñoz

[Enter the full name of the plaintiff in this action]

Civil Action No. \_\_\_\_\_  
(to be assigned by Clerk)

v.

Providence Hospille

Columbia Regional Care Center.

**COMPLAINT**  
Federal Prisoner

Enter above the full name(s) of defendant(s) in this action

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USDC CLERK, COLUMBIA SC  
2010 JUL 21 P 12:42

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonment? Yes \_\_\_\_\_ No X

B. If your answer to A is Yes, describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

1. Parties to this previous lawsuit:

Plaintiff: \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court: \_\_\_\_\_  
(If federal court, name the district; if state court, name the county)

3. Docket Number: \_\_\_\_\_

4. Name(s) of Judge(s) to whom case was assigned: \_\_\_\_\_

5. Disposition: \_\_\_\_\_  
(For example, was the case dismissed? Appealed? Pending?)

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

## II. PLACE OF PRESENT CONFINEMENT

- A. Name of Prison/Jail/Institution: Columbia Regional Care Center
- B. What are the issues that you are attempting to litigate in the above-captioned case? Medical  
mal-practice
- C. (1) Is there a prisoner grievance procedure in this institution? Yes X No \_\_\_\_\_
- (2) Did you file a grievance concerning the claims you are raising in this matter? Yes \_\_\_\_\_ No X
- When \_\_\_\_\_ Grievance Number (if available) \_\_\_\_\_
- D. Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? Yes \_\_\_\_\_ No X
- E. When was the final agency/departmental/institutional answer or determination received by you? \_\_\_\_\_
- If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.*
- F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes X No \_\_\_\_\_
- G. If your answer is YES:
1. What steps did you take? Talked to doctors
  2. What was the result? Said I would never get my full voice back

## III. PARTIES

*In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any.*

- A. Name of Plaintiff: Servando López Muñoz Inmate No.: 4307
- Address: 7901 Farrow Rd Columbia SC 29203

*In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.*

- B. Name of Defendant: Columbia Care Center Position: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_

- C. Additional Defendants (provide the same information for each defendant as listed in Item B above):

Providence Hospital

\_\_\_\_\_

\_\_\_\_\_

## IV. STATEMENT OF CLAIM

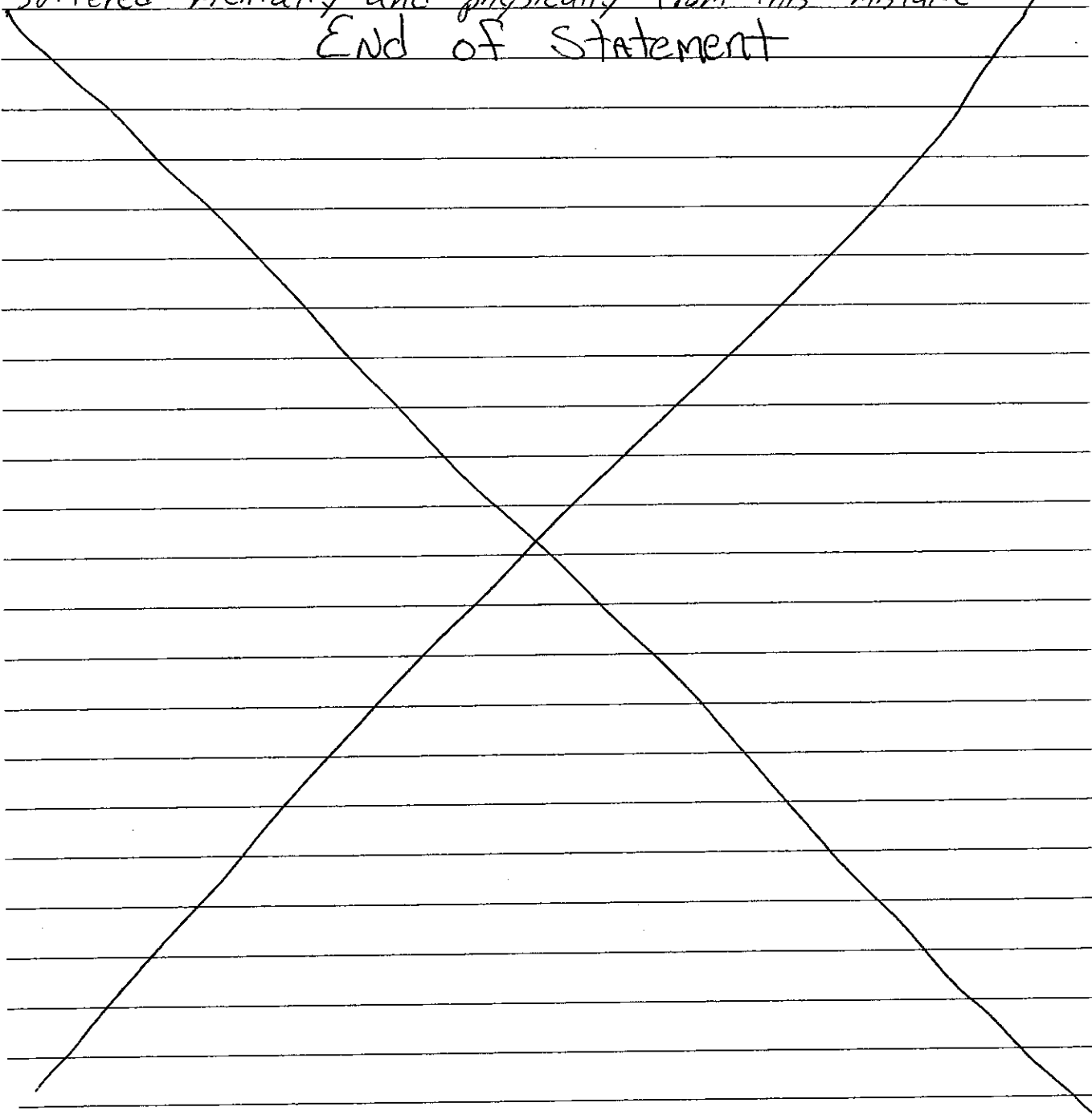
State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

I came to Columbia Regional Care Center on the 12 of Feb. 2010 because I was losing a lot of weight in so little time and from the day I got here to the 14 of April 2010 I was under observation to keep me stable for the thyroid operation on the 15 of April I got taken to Providence Hospital at 4:50 am to have the surgery done as I believe at 8:30 am on the same day I got taken to the surgery room it was finished about 10:00 am as soon as I got put on the recovery room they notice I was swelling extremely fast so they took me back to the surgery room for the second time to operate once again at this time they found out that they had cut a blood vessel which it was blocking my breathing lines and that the blood spread all through the front of my neck and the doctor explained to me that he had to clean all of that out and that he did touch my vocal cords and because of that it could take about 2 1/2 months to speak normal again and if he did not perform the second operation I was to be able to speak within a month it has been 3 months and same days and my voice is not back I have been asking the doctors who are in charge here at Columbia Regional Care Center about my voice situation because ~~and~~ ~~when am I going to see the doctor~~ <sup>SLM</sup> I have not seen him at all since my operation he avoids seeing me. So ~~do~~ <sup>SLM</sup> due to the time that the doctor has been avoiding me I might not ever get my voice back to normal.

## IV. STATEMENT OF CLAIM - continued.

Do to the lack of medical treatment my family can't understand me or my kid's can't either they are scared of me because of the sound of my voice it is very tormenting to feel rejected from my own kids. I have suffered mentally and physically from this mistake

End of Statement



V. RELIEF.

State briefly and exactly what you want the court to do for you.

I want to <sup>SLM</sup> file a lawsuit for the pain  
and suffering that I have stansteneck

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of July, 20 10

Servando López Muñoz  
Signature of Plaintiff